

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		2				
5		2				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		1				
15		1				
16		2				
17		2				
18	1					
19	1					
20	1					
21	1					
22	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	25					
TOTAL CLAIMS	31					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						